

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

AUG 03 1993

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)EPA ID Number  
ILD009722281

## II. Name of Installation (Include company and specific site name)

0430050007

BETZ LABORATORIES INC.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

333 SOUTH LOMBARD RD.

Street (continued)

City or Town

ADDISON

State

ZIP Code

IL 60101

County Code

County Name

DUPAGE

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

ZIP

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

TRIPI

ERNEST

Job Title

Phone Number (area code and number)

PLANT MANAGER

708-543-8480

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing☒☐

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BETZ LABORATORIES INC.

Street, P.O. Box, or Route Number

4636 SOMERTON RD.

City or Town

State

ZIP Code

TREVOSÉ

PA 19053

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

215-355-3300

P

P

Yes

No

X



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